

PEST CONTROL BOARD
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
1010 Richards Street - P.O. Box 3469
Honolulu, Hawaii 96801
www.state.hi.us/dcca/pvl

EXCLUSION FROM CHAPTER 386, HRS

(Note: Do not use this form if you are an LLC – contact the Board’s office for instructions.)

I am claiming exemption from the requirement to submit a copy of a workers' compensation insurance policy because:

- _____ I am a sole owner with no employees.
- _____ We are a partnership with no employees.
- _____ I am the Responsible Managing Employee (RME) and own at least 50% of the corporation and have no other employees. (Submit proof of ownership)
- _____ I am the Responsible Managing Employee (RME) and own at least 25% of the stocks of the corporation, collect no wages (stock dividends are considered wages), am an officer of the corporation and have no other employees. (Submit proof of ownership)
- _____ We are an out-of-state pest control operator with no employees in Hawaii.

I understand that upon employing any person in Hawaii, or if I no longer qualify for the exemption in any way, I must provide workers' compensation coverage under the Workers' Compensation Act and must obtain this type of insurance. I further understand that if I hire an employee, provide workers' compensation coverage for that employee and subsequently release that employee and desire to claim exclusion from Chapter 386, HRS, I must again attest to that fact by signing another form.

I have read and understand the above, and further understand that any misrepresentation of the above or failure to secure and maintain workers' compensation insurance if I am no longer excluded under Chapter 386, HRS, is grounds for revocation, suspension or refusal to renew a license or other disciplinary action.

Date _____	Signed _____	
	Legal Name of Licensee	_____
		Sole owner, Corporation, Partnership, LLP
	Tradename (if any)	_____
	Address	_____

	License No.	_____